## DOCUMENT # **745578** FILED Jan 19, 2000 8:00 am MANATEE AREA YOUTH SOCCER ORGANIZATION, INC. **Secretary of State** 01-19-2000 90207 036 \*\*\*\*70.00 Principal Place of Business Mailing Address C/O MICHELE B. GRIMES % MICHELE GRIMES 200 S. ORANGE AVE. P.O. BOX 3258 SARASOTA FL 34236 SARASOTA FL 34230-3258 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2243243 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRIMES, MICHELE B 200 SOUTH ORANGE AVE. SARASOTA FL 34236 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete ☐ Change ☐ Addition TITI F NAME SMOCK, LYNDA NAME STREET ADDRESS STREET ADDRESS 200 SOUTH ORANGE AVE. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MORRISH, JIM NAME NAME STREET ADDRESS STREET ADDRESS 200 SOUTH ORANGE AVE. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ...-TITLE TITLE ☐ Change Addition LUCIANO, KRISTA NAME NAME STREET ADDRESS 200 SOUTH ORANGE AVE. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TD ☐ Delete ☐ Change ■ Addition TITLE NAME JEFFCOAT, CARL NAME 200 SOUTH ORANGE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

YATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR